



ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+  
WAD988476263

INSTALLATION ADDRESS

STEWART FIBERGLASS REPAIRING INC  
2105 196TH SW BLDG C  
LYNNWOOD WA 98036

2105 196TH SW BLDG C  
LYNNWOOD WA 98036



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EPA IDENTIFICATION NUMBER	
[REDACTED]	
FACILITY NAME	
[REDACTED]	
ADDRESS	
[REDACTED]	
CITY	
[REDACTED]	
STATE	
[REDACTED]	
ZIP	
[REDACTED]	



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EPA I.D. NUMBER

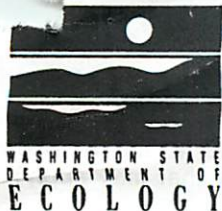
+ WAD988476263

INSTALLATION ADDRESS

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2105 196TH SW BLDG C  
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WASHINGTON STATE  
DEPARTMENT OF ECOLOGY

Attn: DW Notifications  
M/S PV-11  
Olympia, WA 98504-8711  
(206) 459-6387

DEPARTMENTAL USE ONLY

INIT. DATE

REVIEW \_\_\_\_\_

LOG \_\_\_\_\_

G/WAC \_\_\_\_\_

FORM 2

**NOTIFICATION OF DANGEROUS WASTE ACTIVITIES**

1. ☒ A. FIRST NOTIFICATION

(No previous application has been made for this site)

☐ C. WITHDRAW SITE I.D. NO. DATE \_\_\_\_\_  
(Complete Sections 1F, 2A, 3, 4-7 & 12. Enter existing I.D. No. in Part 1F.)

☐ E. CANCEL SITE I.D. NO. DATE \_\_\_\_\_  
(Site closed—no longer own or conduct business at this site.  
Complete Sections 1F, 2A, 3, 4-7 & 12. Enter existing I.D. No. in 1F.)

☐ B. REVISED NOTIFICATION DATE \_\_\_\_\_  
(Enter existing site I.D. No. in Part 1F. List sections you revised: \_\_\_\_\_)

☐ D. REACTIVATE SITE I.D. NO. (Complete all sections of the form.  
Enter previously assigned I.D. No. in Part 1F.)

☐ F. EXISTING I.D. NO. (Complete for items  
1B, C, D & E only) WA \_\_\_\_\_

2.A. WASHINGTON STATE DEPARTMENT OF  
REVENUE REGISTRATION (TAX) NUMBER

2.B. SIC CODE(S)

PRIMARY

SECONDARY

OTHER

6 0 1 - 2 3 9 - 8 4 7

3 7 3 2

7 5 3 2

2.C. TYPE OF BUSINESS CONDUCTED AT THIS SITE BOAT AND RV REPAIR

3. NAME OF INSTALLATION

S T E W A R T F I B E R G L A S S R E P A I R I N G INC

4. LOCATION OF INSTALLATION

Street

2 1 0 5 1 9 6 T H S W B L D G C

County Name

S N O H O M I S H 1061

City or Town

L Y N N W O O D

State

W A

ZIP Code

9 8 0 3 6 -

5. INSTALLATION MAILING ADDRESS

Street or P.O. Box

S A M E

City or Town

State

W A

ZIP Code

-

6.A. INSTALLATION CONTACT

Name (last)

S T E W A R T

(first)

M I K E

Job Title

O W N E R

Phone Number

2 0 6 - 7 7 6 - 6 0 4 0

6.B. INSTALLATION CONTACT MAILING ADDRESS (see instructions)

BOX 1 ☒

BOX 2 ☐

Street or P.O. Box

City or Town

State

W A

ZIP Code

-

7.A. NAME OF INSTALLATION'S LEGAL OWNER

S T E W A R T M I K E

Street, P.O. Box, or Route Number

2 1 0 5 1 9 6 T H S W B L D G C

City or Town

L Y N N W O O D

State

W A

ZIP Code

9 8 0 3 6 -

7.B. PROPERTY OWNERSHIP (If ownership is different than 7.A. provide address in section 11.)

S Q U I R E S G E O R G E

7.C. OWNER TYPE

☐ P

7.D. PROPERTY TYPE

☐ P

RECEIVED  
AUG 20 1990  
WASTE MANAGEMENT BRANCH



NAME OF INSTALLATION STEWART FIBERGLASS REPAIRING, INC.  
(Same as item No. 3) dba OLLIE'S

EPA I.D. NO. \_\_\_\_\_

8. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 8.A., 8.B., or 8.C. below that may apply).

8.A. HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities).

- ☒ 1. GENERATOR ☐ 1a. Conduct on-site recycling
- ☐ 2. TRANSPORTER 2a. ☐ Transport Wastes Commercially (for hire).  
2b. Modes of Transport: (1) ☐ Highway (2) ☐ Air (3) ☐ Rail (4) ☐ Water (5) ☐ Other  
(Specify in comments)
- ☐ 3. MANAGEMENT FACILITY (TSD) 3a. ☐ Facility accepts wastes from OFF-SITE Generators.  
3b. Process conducted or available at this facility;  
(1) ☐ Treatment (2) ☐ Storage (>90 days) (3) ☐ Disposal  
(4) ☐ Other (specify in comments).  
3c. Current Part A \_\_\_\_/\_\_\_\_/\_\_\_\_  
Part B Process ☐ Yes ☐ No
- ☐ 4. IMMEDIATE RECYCLER
- ☐ 5. PERMIT-BY-RULE FACILITY
- ☐ 6. MARKET OR BURN DANGEROUS WASTE FUELS— 6a. ☐ Generator Marketing to Burner 6b. ☐ Other Marketer  
6c. ☐ Burner. (COMPLETE 8c.—TYPE OF COMBUSTION DEVICE)

8.B. USED-OIL FUEL ACTIVITIES.

- ☐ 1. OFF-SPECIFICATION USED-OIL FUELS—1a. ☐ Generator Marketing to Burner 1b. ☐ Other Marketer 1c. ☐ Burner (Complete 8c.)
- ☐ 2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION.

8.C. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUEL BURNING: TYPE OF COMBUSTION DEVICE.

(see instructions for definitions of combustion devices) 1. ☐ Utility Boiler 2. ☐ Industrial Boiler 3. ☐ Industrial Furnace.

9. WASTE IDENTIFICATION (Copy this page if you have more than 5 waste streams—other information (sections 8 and 10-12) not needed on continuation sheets)

A. NUMBER	B. DESCRIPTION OF WASTE(S)	C. DANGEROUS WASTE NUMBER (Refer to WAC 173-303)	D. ESTIMATED OR ACTUAL ANNUAL WASTE QUANTITY	E. W C O D E
1	LACQUER THINNER CONTAMINATED W/PAINT AND CONTAINING: n-BUTYL ALCOHOL, MEK, MIBK, CYCLOHEXANONE, XYLENE, METHYLENE CHLORIDE	D 0 0 1 F 0 0 3 F 0 0 2 F 0 0 5       W P 0 2	1 6 4 0	P

10. ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to be produced in any given month or per processing batch. In 10.D. indicate maximum to be accumulated on-site prior to shipment.

- 10.A. ☒ (Batch Frequency 4/YR) 

QUANTITY	WEIGHT
4 1 0	P
CODE	
- 10.B. ☐ PER MONTH 

QUANTITY	WEIGHT
CODE	
- 10.C. ☐ ONE-TIME-ONLY 

QUANTITY	WEIGHT
CODE	
- 10.D. AMOUNT TO BE ACCUMULATED ON-SITE PRIOR TO SHIPMENT 

QUANTITY	WEIGHT
4 1 0	P
CODE	

11. COMMENTS

3. dba OLLIE'S

12. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME AND OFFICIAL TITLE (type or print)

DATE SIGNED

MIKE Stewart Pres.

8/13/90

# envirotech systems, inc.

Hazardous Waste Management and Disposal

August 15, 1990

Kelly Richter  
USEPA Region 10  
Hazardous Waste Notifications  
HW112  
1200 Sixth Avenue  
Seattle, WA 98101

Dear Ms. Richter:

Enclosed please find a copy of a completed Form 2 that Envirotech Systems is assisting a client with filing. The original copy of this form has been mailed to Dangerous Waste Notification, Washington State Department of Ecology in Olympia.

As soon as you are able to assign an ID number, I would appreciate hearing from you.

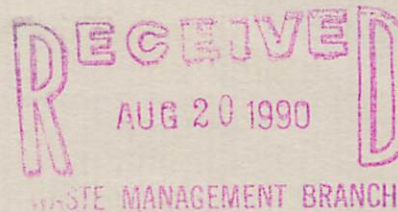
Thank you for your assistance.

Best regards,

*Larry Campbell*  
Larry Campbell  
Operations Manager

LC/lgo  
Enc.

cc: DW Notifications  
Washington State Dept of Ecology  
M/S PV-11  
Olympia, WA 98504-8711



U.S. ENVIRONMENTAL PROTECTION AGENCY

ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

THIS IS TO ACKNOWLEDGE THAT YOU HAVE FILED A NOTIFICATION OF HAZARDOUS WASTE ACTIVITY FOR THE INSTALLATION LOCATED AT THE ADDRESS SHOWN BELOW TO COMPLY WITH SECTION 3010 OF THE RESOURCE CONSERVATION AND RECOVERY ACT (RCRA). YOUR EPA IDENTIFICATION NUMBER MUST BE INCLUDED ON ALL SHIPPING MANIFESTS FOR TRANSPORTING HAZARDOUS WASTES; ON ALL ANNUAL REPORTS THAT GENERATORS OF HAZARDOUS WASTE, AND OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES MUST FILE WITH THE EPA; ON ALL APPLICATIONS FOR A FEDERAL HAZARDOUS WASTE PERMIT; AND ON ALL OTHER HAZARDOUS WASTE MANAGEMENT REPORTS AND DOCUMENTS REQUIRED UNDER SUBTITLE C OF RCRA.

EPA I.D. NUMBER ==> WAD988476263

MAILING ADDRESS ==> STEWART FIBERGLASS REPAIRING INC  
19510 21ST AVE W BLDG C  
LYNNWOOD WA 98036

INSTALLATION ADDRESS ==> 19510 21ST AVE W BLDG C  
LYNNWOOD WA 98036

03/20/92





8.A. NAME OF INSTALLATION STEWART'S FIBERGLASS REPAIRING, INC 8.B. EPA I.D. NO. \_\_\_\_\_  
(Same as item No. 3)

9. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 9.A., 9.B., or 9.C. below that may apply).

9.A. ~~HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities).~~

- ☒ 1. GENERATOR    ☐ 1a. Conduct on-site recycling
- ☐ 2. TRANSPORTER    2a. ☐ Transport Wastes Commercially (for hire).  
2b. Modes of Transport: (1) ☐ Highway (2) ☐ Air (3) ☐ Rail (4) ☐ Water (5) ☐ Other  
(Specify in comment)
- ☐ 3. MANAGEMENT FACILITY (TSD)    3a. ☐ Facility accepts wastes from OFF-SITE Generators.  
3b. Process conducted or available at this facility;  
(1) ☐ Treatment (2) ☐ Storage (3) ☐ Disposal  
(4) ☐ Other (specify in comments).  
3c. Current Part A \_\_\_\_/\_\_\_\_/\_\_\_\_  
Part B Process ☐ Yes ☐ No
- ☐ 4. IMMEDIATE RECYCLER
- ☐ 5. PERMIT-BY-RULE FACILITY
- ☐ 6. MARKET OR BURN DANGEROUS WASTE FUELS— 6a. ☐ Generator Marketing to Burner 6b. ☐ Other Marketer  
6c. ☐ Burner. (COMPLETE 9c.—TYPE OF COMBUSTION DEVICE)

9.B. USED-OIL FUEL ACTIVITIES.

- ☐ 1. OFF-SPECIFICATION USED-OIL FUELS-1a. ☐ Generator Marketing to Burner 1b. ☐ Other Marketer 1c. ☐ Burner (Complete 9c)
- ☐ 2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION.

9.C. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUEL BURNING: TYPE OF COMBUSTION DEVICE.

(see instructions for definitions of combustion devices) 1. ☐ Utility Boiler 2. ☐ Industrial Boiler 3. ☐ Industrial Furnace.

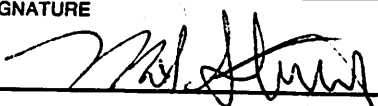
10. WASTE IDENTIFICATION (Copy this page if you have more than 5 waste streams—other information (sections 9 and 11-13) not needed on continuation sheets)

A. N U M B E R	B.  DESCRIPTION OF WASTE(S)	C.  DANGEROUS WASTE NUMBER	D.  ESTIMATED OR ACTUAL ANNUAL WASTE QUANTITY	E.  W E I G H T

11. Complete a, b, or c; AND d below.

- 11.A. ☐ (Batch Frequency \_\_\_\_\_) QUANTITY WEIGHT CODE
- 11.B. ☐ PER MONTH QUANTITY WEIGHT CODE
- 11.C. ☐ ONE-TIME-ONLY QUANTITY WEIGHT CODE
- 11.D. AMOUNT TO BE ACCUMULATED ON-SITE PRIOR TO SHIPMENT QUANTITY WEIGHT CODE

12. COMMENTS	(2) 2105 196 <sup>th</sup> SW Bldg C Lynnwood 98036
3. dba	OLLIE'S
7.B.	19510 21ST AVE WEST, BLDG A
	LYNNWOOD, WA 98036
FORM 2 REVISION IS DUE TO COUNTY READDRESSING	address changed only.

13. CERTIFICATION		
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.		
SIGNATURE	NAME AND OFFICIAL TITLE (type or print)	DATE SIGNED
	Pres MIKE Stewart	2/19/92